

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 002 ***150.00

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02262004 Chg-P CR2E034 (10/03)

DOCUMENT # 316107					
1. Entity Name MASON DISTRIBUTORS, INC.					
Principal Place of Business 5105 N.W. 159 ST HIALEAH, FL 33014			Mailing Address 9990 SW 77 AVE, STE 330 MIAMI, FL 33156-2699		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
4. FEI Number 59-1260850		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARGOLIS, JOHN A 9990 SW 77 AVE, ST 330 MIAMI, FL 33156-2699			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS J.		NAME	Rodriguez, Carlos	
STREET ADDRESS	7015 GLENEAGLE DRIVE		STREET ADDRESS	5105 N.E. 159th Street	
CITY-ST-ZIP	MIAMI LAKES, FL		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JUANA		NAME	Rodriguez, Juana D.	
STREET ADDRESS	7015 GLENEAGLE DRIVE		STREET ADDRESS	5105 NW 159th Street	
CITY-ST-ZIP	MIAMI LAKES, FL		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, SONIA C		NAME	Rodriguez, Michelle	
STREET ADDRESS	5105 NORTHWEST 159TH STREET		STREET ADDRESS	5105 NW 159th Street	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, OFELIA		NAME	Rodriguez, Christine	
STREET ADDRESS	1505 NORTHWEST 159TH STREET		STREET ADDRESS	5105 NW 159th Street	
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP	Hialeah, FL 33014	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, OFELIA		NAME		
STREET ADDRESS	1505 NORTHWEST 159TH STREET		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33014		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			Date: APR 19/04 Daytime Phone #: 305 624 5557		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		